

**MARITIME GENERAL INSURANCE CO. LTD.**

**MOTOR VEHICLE WINDSCREEN CLAIM FORM**

Head Office: 29 Tenth Avenue, Barataria

(FOR THE ACCIDENTAL BREAKAGE OF THE WINDSCREEN OR WINDOWS)

TEL. 674-0130 Ext.-2169/ 2170/ 2171/ FAX- Ext. 2166

<b>THE INSURED</b>	NAME ..... POLICY NO. .... RESIDENTIAL ADDRESS ..... PHONE: HOME ..... CELL ..... WORK ..... OCCUPATION ..... EMAIL ADDRESS ..... EMPLOYER ..... BUSINESS ADDRESS ..... IF THE INSURED VAT REGISTERED PLEASE STATE THE V.A.T. REGISTRATION NUMBER .....
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<b>THE VEHICLE</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><u>MAKE &amp; MODEL</u></td> <td style="width: 33%;"><u>REGISTRATION NUMBER</u></td> <td style="width: 33%;"><u>WINDSCREEN LIMIT</u></td> </tr> <tr> <td colspan="3">.....</td> </tr> </table> Is the vehicle subject to a Hire Purchase Agreement ( ) Mortgage Bill of Sale ( ) Other? ..... If so state Name & Address of Finance Company ..... Is the premium financed - <b>YES ( ) NO ( )</b> If so state Name & Address of Finance Company .....	<u>MAKE &amp; MODEL</u>	<u>REGISTRATION NUMBER</u>	<u>WINDSCREEN LIMIT</u>	.....		
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.....							

<b>THE DRIVER OR IF VEHICLE WAS PARKED, THE PERSON IN CHARGE OF THE VEHICLE AT THE TIME OF THE LOSS</b>	DRIVER'S PERMIT NO. .... ISSUE DATE ..... EXPIRY DATE ..... CLASS OF VEH. LICENSED TO DRIVE ..... DOES THE DRIVER HAS ANY PHYSICAL IMPAIRMENT ..... FOR WHAT PURPOSE WAS VEHICLE BEING USED .....
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<b>IF THE DRIVER WAS SOMEONE OTHER THAN THE INSURED, PLEASE COMPLETE THIS SECTION</b>	NAME OF DRIVER ..... RELATIONSHIP TO INSURED ..... RESIDENTIAL ADDRESS ..... PHONE: HOME ..... CELL ..... WORK ..... OCCUPATION ..... EMAIL ADDRESS ..... BUSINESS ADDRESS ..... DATE OF BIRTH ..... IS DRIVER YOUR PAID EMPLOYEE? <b>YES ( ) NO ( )</b> IS DRIVER AUTHORIZED BY INSURED TO DRIVE VEHICLE :- <b>YES ( ) NO ( )</b>
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<b>THE OCCURRENCE</b>	DATE OF LOSS..... TIME ..... AM/PM LOCATION ..... THE VEHICLE WAS:- ( ) PARKED ( ) BEING DRIVEN
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<b>DAMAGE</b>	<p style="text-align: center;"><b>PLEASE INDICATE IN APPROPRIATE BOXES, TYPE OF DAMAGE AND AREA AFFECTED.</b></p> <table style="width: 100%;"> <tr> <td style="width: 30%; vertical-align: top;"> <input type="checkbox"/> Front Windscreen   <input type="checkbox"/> Rear Window   <input type="checkbox"/> Windscreen/ Window Glass Shattered         </td> <td style="width: 30%; text-align: center; vertical-align: middle;"> <b>WINDSCREEN</b>  </td> <td style="width: 30%; text-align: center; vertical-align: middle;"> <b>WINDOW GLASS</b>  </td> <td style="width: 10%; vertical-align: top;"> <input type="checkbox"/> Front Left Window  <input type="checkbox"/> Rear Left Window  <input type="checkbox"/> Front Right Window  <input type="checkbox"/> Rear Right Window         </td> </tr> <tr> <td colspan="4" style="text-align: center;"> <input type="checkbox"/> Windscreen/ Window Glass Cracked         </td> </tr> </table>	<input type="checkbox"/> Front Windscreen  <input type="checkbox"/> Rear Window  <input type="checkbox"/> Windscreen/ Window Glass Shattered	<b>WINDSCREEN</b> 	<b>WINDOW GLASS</b> 	<input type="checkbox"/> Front Left Window <input type="checkbox"/> Rear Left Window <input type="checkbox"/> Front Right Window <input type="checkbox"/> Rear Right Window	<input type="checkbox"/> Windscreen/ Window Glass Cracked			
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<b>DETAILS</b>	<p>(PLEASE EXPLAIN HOW THE INCIDENT OCCURRED)</p> ..... ..... ..... .....
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I/We declare that the above particulars are true & correct to the best of my/our knowledge & belief.

Date .....  
DD / MM / YYYY

Signature of Driver .....

Date .....  
DD / MM / YYYY

Signature of Insured .....

**PLEASE COMPLETE THE BACK OF THIS FORM ONLY IF ANOTHER PARTY WAS INVOLVED**

<b>THE THIRD PARTY / OTHER VEHICLE INVOLVED</b>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%; text-align: center;"><u>NAME</u></th> <th style="width: 33%; text-align: center;"><u>ADDRESS</u></th> <th style="width: 33%; text-align: center;"><u>PHONE</u></th> </tr> </thead> <tbody> <tr> <td>1).....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>2).....</td> <td>.....</td> <td>.....</td> </tr> <tr> <th style="text-align: center;"><u>REGISTRATION NO.</u></th> <th style="text-align: center;"><u>THIRD PARTY INSURER</u></th> <th style="text-align: center;"><u>COVERAGE/POLICY NO.</u></th> </tr> <tr> <td>1).....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>2).....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td colspan="3">TO WHICH POLICE STATION WAS THE LOSS REPORTED .....</td> </tr> <tr> <td colspan="3">POLICE OFFICER'S NAME/ NO./ RANK .....</td> </tr> <tr> <td colspan="3">In your opinion who was at fault? ..... Did such person admit responsibility .....</td> </tr> </tbody> </table>	<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE</u>	1).....	.....	.....	2).....	.....	.....	<u>REGISTRATION NO.</u>	<u>THIRD PARTY INSURER</u>	<u>COVERAGE/POLICY NO.</u>	1).....	.....	.....	2).....	.....	.....	TO WHICH POLICE STATION WAS THE LOSS REPORTED .....			POLICE OFFICER'S NAME/ NO./ RANK .....			In your opinion who was at fault? ..... Did such person admit responsibility .....		
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**I/We declare that the above particulars are true & correct to the best of my/our knowledge & belief.**

Date ..... Signature of Driver .....

DD      MM      YYYY

Date ..... Signature of Insured .....

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